B. 510(k) Summary of Safety and Effectiveness

This 510(k) summary of safety and effectiveness is being submitted in accordance with the requirements of SMDA 1990 and 21 CFR 807.92.

The assigned 510(k) number is: K092633

The purpose of this 510(k) submission is to update the package insert to include additional analytical reactivity information of the currently cleared 510(k) OSOM® Influenza A&B Test (510(k) K061508).

1. Sponsor/Applicant Name and Address

Company Name:

Genzyme Corporation

Address:

500 Kendall Street

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Telephone:

(858) 777-2611

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(858) 452-3258

Contact Person:

Fil V. Buenviaie

Manager, Regulatory Affairs

Date Summary Prepared:

August 20, 2009

2. Device Name and Classification

Trade Name:

OSOM Influenza A&B Test

Classification of Device:

21 CFR 866.3330,

Influenza virus serological reagents

Product Code: GNX, antigens, CF, influenza

Virus A, B, C

Classification Panel:

Microbiology

Classification:

Class I

3. Predicate Device

OSOM® Influenza A&B Test (K061508, cleared June 12, 2006)

4. Device Description

The OSOM Influenza A&B Test consists of a test stick that separately detects influenza A and B. The test procedure requires the solubilization of the nucleoproteins from a swab by mixing the swab in Extraction Buffer. The test stick is then placed in the sample mixture, which then migrates along the membrane surface. If influenza A and/or B viral antigens are present in the sample, it will form a complex with mouse monoclonal IgG antibodies to influenza A and/or B nucleoproteins conjugated to colloidal gold. The complex will then be bound by another mouse anti-influenza A and/or B antibody coated on the nitrocellulose membrane. A pink to purple control line must appear in the control region of the stick for results to be valid. The appearance of a second and possibly a third light pink to purple line will appear in the test line region indicating an A, B or A and B positive result.

5. Device Intended Use

The OSOM Influenza A&B Test is an in vitro diagnostic immunochromatographic assay intended for the qualitative detection of influenza A and influenza B viral nucleoprotein antigens from nasal swab specimens in symptomatic patients. It is intended to aid in the rapid differential diagnosis of influenza A and/or B viral infections. This test is not intended for the detection of influenza C viruses. A negative test is presumptive and it is recommended these results be confirmed by cell culture. Negative results do not preclude influenza virus infection and should not be used as the sole basis for treatment or other management decisions.

6. Comparison to Predicate Device

The OSOM® Influenza A&B Test is the same device as the predicate OSOM Influenza A&B Test, no physical or procedural changes have been made. The OSOM Influenza A&B Test Package Insert has been updated to include additional analytical reactivity information.

The OSOM Influenza A&B Test was tested with the H1N1 Influenza A strain Mexico/4108/2009. Results demonstrate that OSOM Influenza A&B test reacts with a cultured strain of the 2009 H1N1 Influenza A virus (A/Mexico/4108/2009) and is detectable.

Thus, OSOM Influenza A&B Test is substantially equivalent to OSOM Influenza A&B Test for use with nasal swabs, which was cleared by the FDA (K061508) for in vitro diagnostic use.

The Table lists the characteristics of the OSOM® Influenza A&B Test (new Performance Characteristic) and the OSOM® Influenza A&B Test (original Performance Characteristic).

Device	New Device	Predicate Device	
Characteristics	OSOM Influenza A&B Test	OSOM Influenza A&B Test	
Intended Use	The OSOM Influenza A&B Test	The OSOM Influenza A&B Test is	
	is an in vitro diagnostic	an in vitro diagnostic	
	immunochromatographic assay	immunochromatographic assay	
	intended for the qualitative	intended for the qualitative	
	detection of influenza A and	detection of influenza A and	
	influenza B viral nucleoprotein	influenza B viral nucleoprotein	
	antigens from nasal swab	antigens from nasal swab	
	specimens in symptomatic	specimens in symptomatic	
	patients. It is intended to aid in	patients. It is intended to aid in the	
	the rapid differential diagnosis of	rapid differential diagnosis of	
	influenza A and/or B viral	influenza A and/or B viral	
•	infections. This test is not	infections. This test is not intended	
	intended for the detection of	for the detection of influenza C	
	influenza C viruses. A negative	viruses. A negative test is	
	test is presumptive and it is	presumptive and it is	
	recommended these results be	recommended these results be	
	confirmed by cell culture.	confirmed by cell culture.	
	Negative results do not preclude	Negative results do not preclude	
	influenza virus infection and	influenza virus infection and	
•	should not be used as the sole	should not be used as the sole	
	basis for treatment or other	basis for treatment or other	
	management decisions.	management decisions.	
Sample type	Nasal swab	Nasal swab	
Analytical principle	Lateral flow	Lateral flow	
	immunochromotographic assay	immunochromotographic assay	
Antibody	Mouse monoclonals	Mouse monoclonals	
Extraction buffer	300 uL	300 uL	
volume		:	
Read time	10 minutes	10 minutes	
Procedural control	Yes	Yes	
Control samples	Positive Influenza A	Positive Influenza A	
supplied (as	Positive Influenza B	Positive Influenza B	
prepared swabs)	(Positive A acts as negative B;	(Positive A acts as negative B;	
	Positive B acts as negative A	Positive B acts as negative A	

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Analytical	Addition to Analytical	Analytical Reactivity table:		- N
Reactivity table - Reactivity table Influenza A (predicate device):	Reactivity table (predicate device):	Influenza A Strains:	Sub-type	Estimated ELISA TCID _{so} /mL
strains	strains	Beijing/262/95	HIN!	8.25E+07
	Mexico/4108/2009	Brazil/11/78	HINI	NA
	H1N1 7.91E+06	Chile/1/83	HINI	NA
	EID ₅₀ /mL	New Jersey/8/76	HINI	2.78E+08
		Taiwan/1/86	HINI	3.47E+07
		Guizhou/54/89	H3N2	7.54E+07
		OMS/5389/88	H3N2	NA
		Beijing/32/92	H3N2	3.97E+06
		England/427/88	H3N2	4.73E+07
		Johannesburg/33/94	H3N2	1.61E+07
	1	Leningrad/360/86	H3N2	2.50E+06
		Mississippi/1/85	H3N2	NA
		Philippines/2/82	H3N2	9.75E+07
		Shangdong/9/93	H3N2	1.67E+08
		Shanghai/16/89	H3N2	3.49E+08
		Shanghai/24/90	H3N2	NA
		Sichuan/2/87	H3N2	NA
		Kitakyushyu/159/93	H3N2	3.19E+08
		Akita/1/94	H3N2	2.90E+08
		Beijing/262/95	HINI	1.71E+08
		Yamagata/32/89	HIN1	7.28E+07
		New Caledonia/20/99		6.86E+07
		Panama/2007/99	H3N2	1.40E+08
		Wyoming/03/03	H3N2	7.40E+06
		Fujian/411/02	H3N2	6.12E+07

7. Conclusion

The information presented in the premarket notification demonstrates that the OSOM Influenza A&B test reacts with a cultured strain of the 2009 H1N1 Influenza A virus (A/Mexico/4108/2009). Although this test has been shown to detect the 2009 H1N1 virus in culture isolates, the performance characteristics of this device with clinical specimens that are positive for the 2009 H1N1 influenza virus have not been established. The OSOM Influenza A&B test can distinguish between influenza A and B viruses, but it can not differentiate influenza subtypes.

The information presented in the pre-market notification demonstrates that the OSOM Influenza A&B test is substantially equivalent with the current OSOM Influenza A&B test.



Food and Drug Administration 10903 New Hampshire Avenue Building 66 Silver Spring, MD 20993

SEP 2 5 2009

Fil V. Buenviaje, RAC Manager, Regulatory Affairs Genzyme Diagnostics 6659 Top Gun Street San Diego, CA 92121

Re: k092633

Trade/Device Name: OSOM Influenza A&B Test

Regulation Number: 21 CFR 866.3330

Regulation Name: Influenza Virus Serological Reagents

Regulatory Class: Class I Product Code: GNX Dated: August 20, 2009 Received: August 27, 2009

Dear Mr. Buenviaje:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into class II (Special Controls), it may be subject to such additional controls. Existing major regulations affecting your device can be found in Title 21, Code of Federal Regulations (CFR), Parts 800 to 895. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Parts 801 and 809); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); and good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820). This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Parts 801 and 809), please contact the Office of *In Vitro* Diagnostic Device Evaluation and Safety at (301) 796-5450. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address http://www.fda.gov/cdrh/industry/support/index.html.

Sincerely yours,

Sally A. Hojvat, Ph.D.

Director, Division of Microbiology Devices Office of *In Vitro* Diagnostic Device

Evaluation and Safety

Center for Devices and Radiological Health

Enclosure

Statement of Intended Use

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510(k) Number (if known):	K092633	
Device Name:	OSOM® Influenza A&B Test	
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	This test is not intended for the detection of influenza C viruses. A negative test is presumptive and it is recommended these results be confirmed by cell culture. Negative results do not preclude influenza virus infection and should not be used as the sole basis for treatment or other management decisions.	
•		
1.		
(PLEASE DO NOT WRIT	E BELOW THIS LINE - CONTINUE ON ANOTHER PAGE IF NEEDED)	
Concurrence	e of CDRH, Office of Device Evaluation (ODE)	
Prescription Use X	OR Over-The-Counter Use	
(Per 21 CFR 801.109)	Division Sign-Off	
	Office of In Vitro Diagnostic Device Evaluation and Safety	

K092633

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